FORM **A4** (REV. 4/2025)

ALABAMA DEPARTMENT OF REVENUE

375 South Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300

www.revenue.alabama.gov



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama with-holding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee				
EMPLOYEE NAME		EMPLOYEE SOC	EMPLOYEE SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE	
HOW TO CLAIM	YOUR WITHHOLDING EXEMPT	TIONS		
If you claim no personal exemption for yourself and wish to size and data Form A4 and file it with your employer.	•	· ·		
sign and date Form A4 and file it with your employer				
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$		DATELY axamption		
Write the letter "S" if claiming the SINGLE exemption or "MS	-	•		
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAN				
Write the letter "M" if you are claiming an exemption for both				
single with qualifying dependents and are claiming the HEA	•		• •	
4. Number of dependents (other than spouse) that you will pro	• •	•		
the year. See dependent qualification below			• •	
5. Additional amount, if any, you want deducted each pay peri	od		.\$	
6. This line to be completed by your employer: Total exemple.	ptions (example: employee claims "M" on	line 3 and		
"2" on line 4. Employer should use column M-2 (married wit	th 2 dependents) in the withholding tables))		
Under penalties of perjury, I certify that I have examined complete.	this certificate and to the best of my l	knowledge and belief,	it is true, correct, and	
Employee's Signature		Date		
Part II – To be completed by the employer				
EMPLOYER NAME		EMPLOYER IDEN	NTIFICATION NUMBER (EIN)	
ADDRESS	CITY	STATE	ZIP CODE	

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;

Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;

Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;

Your uncle, aunt, nephew, or niece (but only if related by blood).